

#### **WASHINGTON STATE GAMBLING COMMISSION**

LOCATION: 4565 7th Avenue SE, Lacey WA 98503 MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400 TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631 TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637

WEB SITE: www.wsgc.wa.gov

## NOTIFICATION OF STOCK OWNERSHIP CHANGE

FEE: \$55

# THE GAMBLING COMMISSION MUST BE NOTIFIED OF STOCK OWNERSHIP CHANGES WITHIN TEN DAYS OF THE TRANSACTION CLOSE.

In accordance with WAC 230-04-240, special investigative fees may be requested if costs exceed the basic fee provided with this application.

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1. List owners <u>p</u>	rior to	stc	ock (	char	ige a	and	inc	lud	e pe	erc	enta	ige:	(A	ttach	ado	dition	al sł	neet	s, if	nec	ess	ary	.)			
a. Last Name:	I	_ _	_ _		_ _	_ _	_	_			.	_	_ _		_ _	_	_ _	_ _	_	_				_		_
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b. Last Name:		_ _	_ _	_ _	_ _	_ _	_ _	_			_	_l		_ _	_ _	_ _	_ _	_ _	_	_	!		<u> </u>	_		_
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c. Last Name:
Title:   Social Security #:
Social Security #:
Number of Shares Owned:
2. List owners <u>subsequent</u> to stock sale or transfer and include percentages. Complete and submit the attache <i>Disclosure of Corporate Officers / Stockholders</i> (GC4-017) form, and submit a new copy of your stock register (Attach additional sheets, if necessary.)  a. Last Name:
Disclosure of Corporate Officers / Stockholders (GC4-017) form, and submit a new copy of your stock register (Attach additional sheets, if necessary.)  a. Last Name:
First Name:
Title:
Mailing Address:       City       State       Zip         Social Security #:        -
Social Security #:
Social Security #:
Percentage of Stock Ownership:           %         Date Acquired:           -    -    -              %         Date Acquired:           -    -    -              %           %         Date Acquired:           % </td
b. Last Name:
First Name:
Title:
Title:
Mailing Address:
City State Zip  Social Security #:   _ -  _  Number of Shares Owned:    ,     Percentage of Stock Ownership:
Social Security #:   _ - _ - _    Number of Shares Owned:   _ - _ -  -  -  -  -  -  -  -  -  -
Percentage of Stock Ownership:   % Date Acquired:   - _ - _ -
c. Last Name:
First Name:
Title:
Mailing Address:
Social Security #:   _ -  _ -  _  Number of Shares Owned:
Percentage of Stock Ownership:   % Date Acquired:   -  -  -

Corporate President Signature is Required – See Page 3 of Application

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- 3. If not previously submitted, all persons (and their spouses) who have a substantial interest in the corporation, as defined by WAC 230-02-300, must complete the attached *Personal / Criminal History Statement* (BLS-700-301). Also, submit a new listing of corporate officers, including their titles.
- 4. Submit a copy of the meeting minutes authorizing this stock ownership change, and copies of all documents setting out this sale, or stock transfer. If stock was sold, the *Financial Statement* (GC4-320) and *Source of Funds Statement* (GC4-321) must be completed by the purchasers.

#### \* \* \* IMPORTANT \* \* \*

5. If you are a new substantial interest holder, as part of this application, you are required to provide positive proof of identity. To accomplish this requirement, submit along with this application, the following items. A copy of one of these official documents; a valid driver's license, a military identification card, a valid passport, or if you are registered alien-an alien registration card. Ensure photograph is identifiable. You may also be required to submit fingerprints; if so, fingerprint cards, with instructions, will be sent to you.

#### YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

### **OATH OF APPLICATION**

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held. I further understand that if I voluntarily withdraw or if the commission administratively closes my application, the remainder of my fee, minus the commission's processing and investigative costs, will be refunded. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me, I must inform the commission. (See WACs 230-04-022, 230-12-305, and 230-12-310.)

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Signature			Dat	te			

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